

wound healed without suppuration. Her urinary difficulties were immediately and completely relieved with the perfect restoration of continence.—*Johns Hopkins Hospital Bulletin*, February, 1895.

BONES, JOINTS—ORTHOPÆDIC.

I. The Question of Castration as a Factor in the Cure of Osteomalacia. By Dr. LUDWIG KLEINWÄCHTER. Since 1879, when the operation of castration for osteomalacia was first suggested by Fehling, it has been done forty-one times, as shown by the tables of Fränkel. Many of the cases were improved or cured; some were not improved. The ovaries in this disease showed no characteristic lesion.

The author reports two cases of Cæsarean section in which the ovaries were not removed, but the patients both recovered from the disease. He thinks that in removing ovaries for osteomalacia we are groping in the dark. If the operation is followed by improvement it is accidental. Before undertaking major operations for the cure of osteomalacia, it is necessary to know something of its pathology, which can only be learned by bacteriological and chemical investigations.—*Zeitschrift für Geburtshülfe und Gynäkologie*, Band XXXI, Heft 1.

II. Treatment of Bone and Joint Tuberculosis. By Dr. G. NEUBER (Kiel). The author treats tuberculosis of joints and ends of the bones by opening the joint, removing all sequestra and tubercular foci seen, filling the cavity with 10 per cent. iodoform in glycerin, and closing the wound with buried sutures without drainage.

In fourteen cases treated in this way eight healed by primary union, four by granulation without suppuration, and two with slight suppuration.

This method leaves a far better joint than is obtained after resection, and the iodoform and glycerin are claimed to destroy the small amount of tubercular material which may be left behind after the operation.

He has also employed this method in other operations. The wounds are filled with 5 per cent. iodoform and glycerin, and closed by buried sutures without drainage. Primary union is the rule.—*Archiv für klinische Chirurgie*, Band XLIX, Heft 1.

III. A New Indication and Modification of Wladimirow-Mikulicz Resection of the Ankle. By Dr. ALFONS NICHE (Breslau). Since its first introduction, the Wladimirow-Mikulicz operation has been growing in favor. Over 100 successful cases have already been reported. It has been done for caries, trauma, malignant disease, badly-healed fractures, shortening of the limb, and paralysis with drop-foot. The author reports a case of extensive ulceration of the lower posterior part of the leg with ankylosis of the ankle in which he cut out the ulcer, resected the tarsus according to Wladimirow-Mikulicz, and covered the site of the ulcer with the skin of the heel. The result was satisfactory.—*Archiv für klinische Chirurgie*, Band XLIX, Heft 1.

IV. Bloodless Reduction of Congenital Dislocations of the Hip. By Dr. JOHN MIKULICZ (Breslau). The frequent bloody operations for congenital dislocation of the hip have at least made us familiar with the anatomy of those parts. The marked changes found in adults are not seen in children. The head of the femur is at first of normal size and form, but consequently becomes flattened by pressure on the ilium. The acetabulum is likewise of normal size and large enough to retain the head, but in later years it becomes a shallow depression. The neck is also nearly normal, although in later years it becomes short and horizontal or directed downward. The capsule is large and roomy, but later it becomes contracted in the centre like an hour-glass. The ligamentum teres is either absent or much thickened and elongated. The parts are all nearly normal and there is no obstacle in the way of reduction. The head of the femur is in the capsule, and when replaced fits accurately into the acetabulum.

The author agrees with Schede, who declares that if the children